Complete Summary

GUIDELINE TITLE

Recommendations for the treatment of dysmenorrhea.

BIBLIOGRAPHIC SOURCE(S)

University of Texas at Austin, School of Nursing, Family Nurse Practioner Program. Recommendations for the treatment of dysmenorrhea. Austin (TX): University of Texas at Austin, School of Nursing; 2001. 8 p. [17 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Dysmenorrhea

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management

CLINICAL SPECIALTY

Family Practice
Obstetrics and Gynecology

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Nurses

Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To provide health care providers and the general public with a responsible assessment of current screening and treatment approaches to dysmenorrhea.

TARGET POPULATION

Women who have painful menstrual cycles.

INTERVENTIONS AND PRACTICES CONSIDERED

Screening:

- History, physical exam including pelvic examination

Treatment:

- Pharmacology (nonsteroidal anti-inflammatory drugs, oral contraceptives)
- Nonpharmacologic (exercise, acupuncture, transcutaneous electrical nerve stimulation, nutrition, heating pad)

MAJOR OUTCOMES CONSIDERED

- Reduction of absenteeism at work/school
- Screening for other medical problems
- Improved quality of life

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The literature was searched through Medline and Pubmed (U.S. National Library of Medicine) as well as the Cumulative Index to Nursing and Allied Health Literature (CINAHL), medical textbooks, and research based documents.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

A draft of the guideline was developed by a team of family nurse practitioners and reviewed by two consultants knowledgeable of the topic and the management of patients in primary care. There was a final review by a consultant specializing in women's health. Revisions made after recommendations received.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

- A comprehensive history should be completed. This would include family history, menstrual and contraceptive history, review of pain symptoms, other concurrent symptomatology, and previous treatment strategies and efficacy.

- A complete physical exam should be performed. Included in the exam are vital signs, thyroid exam, abdominal exam, heart and lungs, pelvic exam and bimanual exam, and rectal exam.
- Differential diagnosis includes secondary dysmenorrhea. Etiology for secondary dysmenorrhea consists of the following: adenomyosis, myomas, polyps, infection, endometriosis, tumors, adhesions, leiomyomas, intrauterine devices, blind uterine horn (rare), obstructed outflow of menstrual blood secondary to anatomic causes, bladder pathology, or gastrointestinal pathology.
- Pharmacological options for treatment include the use of nonsteroidal anti-inflammatory drugs (NSAIDs) and oral contraceptives.
- Nonsteroidal anti-inflammatory drugs suppress prostaglandin synthesis, thereby reducing pain symptoms. If periods are regular, nonsteroidal anti-inflammatory drugs treatment will be more effective if initiated one day before menstruation begins. Drugs most commonly used are Ibuprofen and Naproxen. Recently rofecoxib (Vioxx[R]) has been approved by the United States Food and Drug Administration (FDA) with an indication to treat dysmenorrhea*. Low dose combination birth control pills reduce dysmenorrhea by inhibiting ovulation. They are first line treatment if contraception is desired and there are no contraindications.

Note: On September 30, 2004, Vioxx (rofecoxib) was withdrawn from the U.S. and worldwide market due to safety concerns of an increased risk of cardiovascular events. See the U.S. Food and Drug Administration (FDA) Web site for more information.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Decreased morbidity from dysmenorrhea.

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Feb

GUIDELINE DEVELOPER(S)

University of Texas at Austin School of Nursing, Family Nurse Practitioner Program - Academic Institution

SOURCE(S) OF FUNDING

Not applicable

GUIDELINE COMMITTEE

Practice Guidelines Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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Consultants: Elizabeth Abel, PhD, RNC-ANP/FNP; Fran Sonstein, MSN, RNC-GNP; Mindy Tinkle, PhD, RNC-WHNP.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time.

GUIDELINE AVAILABILITY

Electronic copies: The following formats are available from the National Guideline Clearinghouse:

- HTML
- ASCII Text

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on March 27, 2001. The information was verified by the guideline developer on April 27, 2001. This summary was updated on October 11, 2004 following the withdrawal of the drug Vioxx (rofecoxib).

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